

Amended Statement Cover

To record correct ambulatory encounters for period. (Pg . 7)
To record revenue gross of reinsurance (pg. 19)

HEALTH QUARTERLY STATEMENT

AS OF June 30, 2003

OF THE CONDITION AND AFFAIRS OF THE

OmniCare Health Plan

NAIC Group Code	0000	0000	NAIC Company Code	95582	Employer's ID Number	38-2031377
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[X] No[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Date Incorporated or Organized	09/23/1972			Date Commenced Business	12/23/1973	
Statutory Home Office	1155 Brewery Park, Suite 250			Detroit, MI 48207		
	(Street and Number)			(City, or Town, State and Zip Code)		
Main Administrative Office	1155 Brewery Park, Suite 250					
	(Street and Number)					
	Detroit, MI 48207			(313)393-2379		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	1155 Brewery Park, Suite 250			Detroit, MI 48207		
	(Street and Number or P.O. Box)			(City, or Town, State and Zip Code)		
Primary Location of Books and Records	1155 Brewery Park, Suite 250					
	(Street and Number)					
	Detroit, MI 48207			(313)393-2379		
	(City, or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	WWW.ochp.com					
Statutory Statement Contact	Kenyata J. Rogers, Controller			(313)393-2379		
	(Name)			(Area Code)(Telephone Number)(Extension)		
	Krogers@ochp.com			(313)393-4743		
	(E-Mail Address)			(Fax Number)		
Policyowner Relations Contact						
	(Street and Number)					
				(Area Code) (Telephone Number)(Extension)		
	(City, or Town, State and Zip Code)					

OFFICERS

Deputy Rehabilitator Bobby L Jones

Deputy Rehabilitator Beverly Allen

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Herman B Gray M.D. George Shade M.D. #

Tej Mattoo, M.D.

State of Michigan

County of Wayne ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
Bobby Jones	Beverly Allen	
(Printed Name)	(Printed Name)	(Printed Name)
Deputy Rehabilitator	Deputy Rehabilitator	Treasurer
Subscribed and sworn to before me this	a. Is this an original filing?	Yes[] No[X]
day of , 2003	b. If no, 1. State the amendment number	3
	2. Date filed	11/19/2003
	3. Number of pages attached	2
(Notary Public Signature)		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	78,665	205	12,675				3,425		62,360				
2. First Quarter	76,522	177	10,945				2,998		62,402				
3. Second Quarter	76,645	167	11,252				3,061		62,165				
4. Third Quarter													
5. Current Year													
6. Current Year Member Months	461,426	1,033	68,390				18,594		373,409				
Total Member Ambulatory Encounters for Period:													
7. Physician	311,279	697	46,136				12,544		251,902				
8. Non-Physician													
9. Total	311,279	697	46,136				12,544		251,902				
10. Hospital Patient Days Incurred	19,232	23	1,528				415		17,266				
11. Number of Inpatient Admissions	4,287	6	392				107		3,782				
12. Health Premiums Collected	84,527,164	270,658	14,558,920				3,674,448		66,023,138				
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	83,482,804	266,363	13,349,106				3,830,016		66,037,319				
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services ...	77,793,369	434,879	11,282,836				3,250,790		62,824,864				
18. Amount Incurred for Provision of Health Care Services	76,156,825	457,469	10,697,890				2,990,090		62,011,376				

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.		1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed (Yes or No)	Direct Business Only Year-to-Date					
				3 Accident and Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Deposit-Type Contract Funds	8 Property/ Casualty Premiums
1.	Alabama (AL) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
2.	Alaska (AK) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
3.	Arizona (AZ) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
4.	Arkansas (AR) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
5.	California (CA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
6.	Colorado (CO) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
7.	Connecticut (CT) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
8.	Delaware (DE) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
9.	District of Columbia (DC) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
10.	Florida (FL) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
11.	Georgia (GA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
12.	Hawaii (HI) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
13.	Idaho (ID) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
14.	Illinois (IL) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
15.	Indiana (IN) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
16.	Iowa (IA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
17.	Kansas (KS) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
18.	Kentucky (KY) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
19.	Louisiana (LA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
20.	Maine (ME) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
21.	Maryland (MD) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
22.	Massachusetts (MA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
23.	Michigan (MI) .....	.. No ..	.. Yes ..	..... 13,640,377 .....	.....	..... 66,156,152 .....	..... 3,839,702 .....	.....	.....
24.	Minnesota (MN) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
25.	Mississippi (MS) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
26.	Missouri (MO) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
27.	Montana (MT) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
28.	Nebraska (NE) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
29.	Nevada (NV) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
30.	New Hampshire (NH) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
31.	New Jersey (NJ) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
32.	New Mexico (NM) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
33.	New York (NY) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
34.	North Carolina (NC) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
35.	North Dakota (ND) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
36.	Ohio (OH) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
37.	Oklahoma (OK) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
38.	Oregon (OR) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
39.	Pennsylvania (PA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
40.	Rhode Island (RI) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
41.	South Carolina (SC) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
42.	South Dakota (SD) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
43.	Tennessee (TN) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
44.	Texas (TX) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
45.	Utah (UT) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
46.	Vermont (VT) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
47.	Virginia (VA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
48.	Washington (WA) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
49.	West Virginia (WV) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
50.	Wisconsin (WI) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
51.	Wyoming (WY) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
52.	American Samoa (AS) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
53.	Guam (GU) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
54.	Puerto Rico (PR) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
55.	U.S. Virgin Islands (VI) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
56.	Canada (CN) .....	.. No ..	.. No ..	.....	.....	.....	.....	.....	.....
57.	Aggregate other alien (OT) .....	.. X X X ..	.. X X X ..	.....	.....	.....	.....	.....	.....
58.	TOTAL (Direct Business) .....	.. X X X ..	(a)..... 1 .....	..... 13,640,377 .....	.....	..... 66,156,152 .....	..... 3,839,702 .....	.....	.....
DETAILS OF WRITE-INS									
5701	.....	.. X X X ..	.. X X X ..	.....	.....	.....	.....	.....	.....
5702	.....	.. X X X ..	.. X X X ..	.....	.....	.....	.....	.....	.....
5703	.....	.. X X X ..	.. X X X ..	.....	.....	.....	.....	.....	.....
5798.	Summary of remaining write-ins for Line 57 from overflow page .....	.. X X X ..	.. X X X ..	.....	.....	.....	.....	.....	.....
5799.	TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above) .....	.. X X X ..	.. X X X ..	.....	.....	.....	.....	.....	.....

(a) Insert the number of yes responses except for Canada and Other Alien.